## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Date::

09/25/01

Application Type::

REGULAR

Subject Matter::

UTILITY

CD-ROM or CD-R?::

NONE

Title::

METHOD FOR IN VITRO DIAGNOSIS OF

**ENDOMETRIOSIS** 

Attorney Docket Number::

SCH-1789

**Total Drawing Sheets::** 

15

## INVENTOR INFORMATION

Applicant Authority Type::

**INVENTOR** 

Primary Citizenship Country::

GERMANY

**FULL CAPACITY** 

Status::

HOLOED

Given Name::

HOLGER

Family Name::

**HESS-STUMPP** 

Name Suffix::

DR.

City of Residence::

**BERLIN** 

Country of Residence::

Germany

Street of Mailing Address::

GABELWEIHSTRASSE 19, D-13505

City of Mailing Address::

BERLIN

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing Address::

D-13505

Applicant Authority Type::

INVENTOR

Primary Citizenship Country::

GERMANY FULL CAPACITY

Status::

DEDNADD

Given Name::

BERNARD

Family Name::

HAENDLER

Name Suffix::

DR.

City of Residence::

BERLIN

Country of Residence::

Germany

Street of Mailing Address::

AM BIBERBAU 8, D-13465

City of Mailing Address::

**BERLIN** 

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing Address::

D-13465

Status::

Applicant Authority Type:: INVENTOR **GERMANY** Primary Citizenship Country::

**FULL CAPACITY** Status::

Given Name:: **JOERN** 

**KRAETZSCHMAR** Family Name::

DR. Name Suffix:: City of Residence:: BERLIN

Country of Residence:: Germany

Street of Mailing Address:: KUHLEWEWEIHSTRASSE 32, D-13409 City of Mailing Address:: **BERLIN** 

**GERMANY** State or Province of Mailing Address:: Country of Mailing Address:: Germany

D-13409 Postal or Zip Code of Mailing Address::

**INVENTOR** Applicant Authority Type:: Primary Citizenship Country:: **GERMANY** 

**FULL CAPACITY** Status::

**BERTHOLT** Given Name:: Family Name:: **KREFT** Name Suffix:: DR.

City of Residence:: **BERLIN** Country of Residence:: Germany

FONTANESTRASSE 21, D-13158 Street of Mailing Address::

**FULL CAPACITY** 

City of Mailing Address:: **BERLIN** Country of Mailing Address:: Germany Postal or Zip Code of Mailing Address:: D-13158

**INVENTOR** Applicant Authority Type:: Primary Citizenship Country:: **GERMANY** 

Given Name:: ELKE

Family Name:: WINTERHAGER Name Suffix:: PROF., DR.

**ESSEN** City of Residence:: Country of Residence:: Germany

FERNBLICK 5, D-45259 Street of Mailing Address::

**ESSEN** City of Mailing Address:: Country of Mailing Address:: Germany Postal or Zip Code of Mailing Address:: D-45259

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY

Status:: FULL CAPACITY

Given Name::

Family Name::

Name Suffix::

City of Residence::

PEDRO

REGIDOR

PD., DR.

ESSEN

Street of Mailing Address:: DAIMLERSTRASSE 10, D-45133

Germany

City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

D-45133

Country of Residence::

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY

Status:: FULL CAPACITY

Given Name:: SIMONE Family Name:: SCOTTI

Name Suffix:: DR.

City of Residence:: HATTINGEN
Country of Residence:: Germany

Street of Mailing Address:: UHLENKOTTEN 12, D-45529

City of Mailing Address:: HATTINGEN
Country of Mailing Address:: Germany

Postal or Zip Code of Mailing Address:: D-45529

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

DOMESTIC PRIORITY INFORMATION

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Non-Provisional of | 60/243,265           | 10/26/00             |

FOREIGN PRIORITY INFORMATION

| Application Number:: | Country:: | Filing Date:: | Priority Claimed:: |
|----------------------|-----------|---------------|--------------------|
| 100 48 633.9         |           |               |                    |

| Germany | 09/25/00 | YES |
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